

**UNITED STATES DISTRICT COURT  
FOR THE DISTRICT OF RHODE ISLAND**

STATE OF COLORADO, ET AL.,

Plaintiffs,

v.

U.S. DEPARTMENT OF HEALTH AND HUMAN  
SERVICES; ROBERT F. KENNEDY, JR., in his  
official capacity as Secretary of Health and Human  
Services,

Defendants.

Case No. \_\_\_\_\_

**DECLARATION OF MEL GRESCZYK**

I, Melissa ("Mel") Gresczyk, declare as follows:

1. I am the Assistant Commissioner for Health Operations at the Minnesota Department of Health ("MDH") and MDH's Chief Operating Officer, positions I have held since 2023. I have been employed by MDH since 2022.

2. In my current roles at MDH, I oversee MDH's Health Operations Bureau, which includes the Financial Management Division, Human Resources Management Division, Emergency Preparedness and Response Division, Public Health Strategy and Partnership Division, Facilities Management Division, and Office of Organizational Wellbeing and Employee Experience.

3. I make this declaration in my official capacity. I am a resident of the state of Minnesota, am over the age of 18, and have personal knowledge of the matters set forth below or have knowledge of the matters based on information and records gathered by MDH staff. If called as witness, I could and would testify competently to the matters set forth herein.

4. In Minnesota, MDH is responsible for protecting, maintaining and improving the health of all Minnesotans. Among other things, our agency:

- monitors infectious diseases and responds to outbreaks;
- advances policies and programs to prevent chronic diseases and improve mental health;
- coordinates emergency preparedness and response activities among the state and local government entities and community organizations involved in responding to public health emergencies.

5. I am providing this declaration to explain some of the immediate adverse impacts of terminations of multiple federal awards to MDH by the U.S. Centers for Disease Control and Prevention (“CDC”), of the Department of Health and Human Services.

6. MDH is the recipient of multiple federal grants that were first awarded during the COVID-19 pandemic but were part of agreements that extended beyond the emergency. These federal grants fund critical programs designed to protect and improve Minnesotans’ health, all of which were duly awarded through grant-award processes between the Minnesota programs and the federal government. These awards support, among other things, improvements to disease monitoring and detection capabilities, preparations for the state’s public health system to respond to the next emergency, and efforts to address the ongoing impact of COVID-19 in Minnesota communities. The programs rely on continued federal funding to perform the tasks required by MDH’s agreements with the federal government.

7. MDH recently received three notices of award terminations from the U.S. Department of Health and Human Services, Centers for Disease Control and Prevention. These three notices terminated multiple awards. The total value of the terminated awards is estimated at \$254,800,000. All termination notices contained identical language and were “for cause” based on the end of the COVID-19 pandemic, rather than any claimed failure of MDH to follow the

terms or conditions of the grants. Descriptions of each award and the effects of these terminations follow.

### **ELC Supplemental Awards**

8. MDH is the recipient of several awards issued as supplemental funding under the CDC's Epidemiology and Laboratory Capacity for Prevention and Control of Emerging Infectious Diseases ("ELC") program, Assistance Listing Number ("ALN") 93.323.

9. Three of the recently terminated federal awards were part of the ELC supplemental funding and were issued through a series of notice of award documents starting in April 2020. The ELC supplemental awards that were terminated are described as Document Numbers 19NU50CK000508C3, 19NU50CK000508C4, and 19NU50CK000508EDEXC5.

10. Among other things, the ELC supplemental awards support:

- Bolstering the capacity of the public health workforce in the areas of disease surveillance, detection, and outbreak response. This includes hiring and training staff in the areas of laboratory testing, epidemiology, and data informatics to increase capacity to monitor COVID-19 and other emerging diseases or conditions of public health significance;
- Expanding and strengthening capacity of public health laboratories to test and conduct surveillance for COVID-19 and other emerging diseases; and
- Improving data systems to permit faster and more complete data exchange and reporting between laboratories, health care providers, and health departments to allow for faster detection and more effective monitoring of COVID-19 and other conditions of public health significance.

11. CDC initially required that MDH expend the funds for ELC supplemental awards 19NU50CK000508C3 and 19NU50CK000508C4 within 24 and 30 months, respectively, from the date the funds were awarded. However, the CDC repeatedly extended the period during which MDH could expend the ELC supplemental funds due to the on-going and lasting effects of



COVID-19. In October 2023, CDC granted a no-cost extension that extended the period of performance end date, or allowed funds to be expended, for all three awards to July 31, 2026.

12. The grant terms in the issued notices of award incorporate the CDC General Terms and Conditions for Non-research awards and further do not indicate that a grant may be terminated except for material failure to comply with the terms and conditions, or federal statutes, regulations, including 45 C.F.R. § 75.372.

13. Since the ELC supplemental funds were awarded, MDH has used the ELC supplemental funds in a manner fully consistent with CDC's statements regarding the nature of the grant.

14. On March 25, 2025, without any prior notice or indication, CDC informed MDH that the ELC supplemental funds were terminated effective March 24, 2025. A true and correct copy of the grant award termination notice is attached Exhibit A.

15. The stated basis for termination is "for cause" based on the end of the COVID-19 pandemic, because the grant was purportedly issued for the limited purpose of ameliorating the effects of the pandemic.

16. The termination notice did not contain any information about appeal rights or process.

17. MDH relied and acted upon its expectation and understanding that HHS would fulfill its commitment to provide ELC supplemental funding it had awarded to MDH.

18. Prior to the grant award termination on March 25, 2025, CDC had never provided MDH with notice, written or otherwise, that the grant administered by MDH was in any way unsatisfactory.



### **Immunization and Vaccines for Children Supplemental Awards**

19. MDH is also the recipient of several awards issued as supplemental funding to the CDC's Immunization and Vaccines for Children Cooperative Agreement, ALN 93.268.

20. Five of the recently terminated federal awards were part of the Immunization and Vaccines for Children supplemental funding and were issued through a series of notices of award documents, starting in December 2020. The Immunization and Vaccines for Children supplemental awards that were terminated are described as Document Numbers 20NH23IP922628C3, 20NH23IP922628C5, 20NH23IP922628UDSPC5, 20NH23IP922628C6, and 20NH23IP922628IISC6.

21. These funds support, among other things:

- Activities to raise awareness and coverage of vaccine preventable diseases and address the childhood immunization coverage gap that occurred during the COVID-19 pandemic;
- Efforts to increase vaccine confidence and reduce barriers to access by providing provider and patient education and community outreach;
- The development of a new immunization information exchange to replace Minnesota's 20-year-old secure immunization electronic information system and provide consumer access to individual immunization records; and
- Increase vaccine preventable disease coverage in healthcare settings, including long-term care facilities.

22. The period of performance for the Immunization and Vaccines for Children supplemental awards originally ended June 30, 2024, which the CDC later extended to June 30, 2025. However, in December 2024, the CDC approved via email MDH's request for a No Cost Extension ("NCE") for certain unobligated supplemental awards (20NH23IP922628C5, 20NH23IP922628UDSPC5, 20NH23IP922628C6), which would allow these funds to be used

through June 30, 2027.

23. Since the Immunization and Vaccines for Children supplemental funds were awarded, MDH has used the funds in a manner fully consistent with CDC's statements regarding the nature of the grant.

24. Since the Immunization and Vaccines for Children supplemental funds were awarded in 2020, MDH has received no notices from the CDC that it has failed to comply with any of the terms or conditions of the grant.

25. On March 25, 2025, without any prior notice or indication, CDC informed MDH that the Immunization and Vaccines for Children supplemental funds were terminated effective March 24, 2025. A true and correct copy of the grant award termination notice is attached Exhibit B.

26. The stated basis for termination is "for cause" based on the end of the COVID-19 pandemic, because the grant was purportedly issued for the limited purpose of ameliorating the effects of the pandemic.

27. The termination notice did not contain any information about appeal rights or process.

28. MDH relied and acted upon its expectation and understanding that HHS would fulfill its commitment to provide Immunization and Vaccines for Children supplemental funding it had awarded to MDH.

29. Prior to the grant award termination on March 25, 2025, CDC had never provided MDH with notice, written or otherwise, that the grant administered by MDH was in any way unsatisfactory.

### **Addressing COVID-19 Health Disparities Award**

30. In 2021, the Department of Health and Human Services, Centers for Disease Control and Prevention, awarded a grant to MDH under the CDC National Initiative to Address COVID-19 Health Disparities Among Populations at High-Risk and Underserved, Including Racial and Ethnic Minority Populations and Rural Communities, ALN 93.391. This grant was awarded to address impacts of COVID-19 (and other infectious diseases) and advance health outcomes among various populations, with rural communities and local public health departments as a particular focus. In large part, MDH has been utilizing this award to build a network of private-public partnerships by awarding grants and contracts to local and small community businesses and nonprofits who provide direct services and public health-related education to hard-to-reach and underserved communities. Additionally, funds have supported expansion of COVID-19 testing and vaccination, establishment of an Office of American Indian Health, initiatives to improve the quality of and access to public health data, and infection control and response program (ICAR) positions.

31. This grant was originally set to expire on May 31, 2023. Since receiving the COVID-19 Health Disparities award, MDH requested and was granted NCEs. Most recently, on November 1, 2024, MDH requested an NCE with a new grant end date of December 31, 2025. The CDC approved this NCE. As recently as March 19, 2025, MDH received confirmation of the NCE from the CDC confirming via email CDC's approval for the extension and the December 31, 2025, end date.

32. Since this grant was awarded, MDH has used the funds in a manner fully consistent with CDC's statements regarding the nature of the grant.

33. Since its award in 2021, MDH has received no notices from the CDC that it has



failed to comply with any of the terms or conditions of the grant.

34. On March 25, 2025, without any prior notice or indication, CDC informed MDH that the COVID-19 Health Disparities award was terminated effective March 24, 2025. A true and correct copy of the grant award termination notice is attached Exhibit C.

35. The stated basis for termination is “for cause” based on the end of the COVID-19 pandemic, because the grant was purportedly issued for the limited purpose of ameliorating the effects of the pandemic.

36. The termination notice did not contain any information about appeal rights or process.

37. MDH relied and acted upon its expectation and understanding that HHS would fulfill its commitment to provide COVID-19 Health Disparities funding it had awarded to MDH.

38. Prior to the grant award termination on March 25, 2025, CDC had never provided MDH with notice, written or otherwise, that the grant administered by MDH was in any way unsatisfactory.

### **Impact of Grant Terminations**

39. The estimated impacted amount for each terminated set of awards is as follows:

- ELC supplemental awards: \$225,600,000;
- Immunization and Vaccines for Children supplemental awards: \$25,400,000;
- Addressing COVID-19 Health Disparities Award: \$3,800,000.

These amounts represent the approximate total remaining unpaid encumbrances and available funds for activities and items approved by the CDC had the awards not been terminated on March 24, 2025. The actual impacted amount for each set of awards may be different as MDH is still in the process of determining what funds CDC must pay out for activities through the termination

date, March 24.

40. However, this is not a story just about dollars. The abrupt termination of these awards is directly and immediately impacting the work of multiple programs within MDH as well as local public health departments and community partners, many of whom rely on these awards for their day-to-day operations and community health programs. These disruptions have direct and immediate impacts on the health of Minnesotans.

41. The terminated awards fund a large number of MDH staff and contractors, and MDH does not have the financial capacity to fund all of these positions through other funding sources. As a result, approximately 200 MDH employees will be laid off or separated from their positions. This represents the separation of about 12% of MDH's current workforce. Layoffs will be effective 21 days after we notify employees. Those notices will be issued imminently. The employees who will be laid off or separated as a result of these grant terminations include epidemiologists, research scientists, and other highly skilled and trained workers. Even if funding is later restored, there is a real risk that MDH will not be able to hire back all of the staff who were separated, many of whom have subject matter expertise of a type and depth that would be difficult to replace. Further, up to 700 employees will receive notices that their tenure in their current positions are at risk due to the need to comply with collective-bargaining agreements allowing more senior employees in a classification rights to a position if they are laid off. The layoffs also pose an additional financial cost to the agency, estimated at \$5.8 million to cover severance, unemployment, insurance, and other associated costs for laid off employees.

42. Additionally, 57 individuals providing services to MDH on a contract basis have already been or are soon to be released from MDH as a result of the termination notices. These contractors include licensed physicians who have for several years provided MDH with medical

consultation during infectious disease outbreaks and medical expertise to support planning for future possible outbreaks. This has included:

- Providing medical consultation and treatment expertise during COVID-19 outbreaks at long-term care and other facilities;
- Consultation and support for MDH emergency preparedness and response activities for other infectious diseases, such as avian influenza (H5N1), anthrax, tuberculosis, and viral hemorrhagic fevers, such as Ebola, Marburg, and Lassa; and
- Collaboration and consultation with MDH partners on how to detect and treat long COVID-19.

The loss of these physician contractors represents a loss of medical and public health expertise that will be difficult for MDH to replace.

43. The loss of funds and workforce has significant and immediate implications for programs fulfilling critical public health functions in Minnesota. For example, the ELC supplemental funds that were terminated support tracking and responding to outbreaks of COVID-19 and other infectious diseases in high-risk settings, such as nursing homes, assisted living facilities, correctional facilities, and homeless shelters. Long-term care residents in particular bear a disproportionate burden of COVID-19 morbidity and mortality despite improvements made from vaccines, treatments, and non-pharmaceutical interventions. For the 2024 calendar year, 59% (546 of 928) of all deaths in Minnesota attributable to COVID-19 were residents of long-term facilities, while only approximately 7% of the state population resides in such facilities (nursing homes and assisted living facilities). Termination of the ELC supplement means loss of funding for dedicated staff to detect and respond to outbreaks in some of the state's most vulnerable populations.

44. Additionally, the loss of the ELC supplemental funds would directly impact MDH's ability to perform disease surveillance and monitoring work for COVID-19 variants, including wastewater surveillance. COVID-19 variant surveillance and monitoring is critical in helping the



state respond to future COVID-19 outbreaks and proactively guiding public health interventions. Similarly, the loss of these funds would end MDH's Long COVID-19 Program, and its ability to perform prospective disease surveillance for long COVID-19. National surveys estimate that 8.4% of adults have experienced long COVID-19, however the exact burden of long COVID-19 in Minnesota is unknown.

45. Loss of ELC supplemental funds also directly impacts MDH programs and initiatives that provide disease control and prevention efforts for several other diseases, such as:

- Surveillance for respiratory illnesses, including COVID-19, influenza, and respiratory syncytial virus (RSV). MDH provides the respiratory illness surveillance data on its website using a comprehensive dashboard. This dashboard allows healthcare settings, public health agencies, media outlets, and the public to access user-friendly respiratory data for situational awareness and risk assessment. Minnesota healthcare facilities also use this data to determine staffing recommendations and infection prevention precautions within their facilities;
- Detection, monitoring, treatment, and control activities for avian influenza (H5N1) and other zoonotic diseases, such as rabies, anthrax, and blastomycosis;
- Surveillance and laboratory processing and reporting for tuberculosis;
- Surveillance, response, and containment for antimicrobial-resistant organism outbreaks. Older adults, people with disabilities, and residents in long-term care and congregate settings are most at risk for antimicrobial-resistant organism infections; and
- Monitoring and prevention efforts related to pregnancies with congenital syphilis exposure. Infants with congenital syphilis who do not receive treatment may die shortly after birth, or experience blindness, deafness, or developmental delays among other complications.

46. The terminated awards also fund approximately 195 grants and contracts issued by MDH. Recipients of these grants or contracts include local public health agencies (county and

city public health agencies), Tribal governments and health agencies, and community organizations. MDH does not have the financial capacity to continue to fund these grants and contracts post-termination. Consequently, MDH had to order grantees and contractors to immediately stop work and has formally terminated, or is in the process of formally terminating, all of these grants and contracts.

47. Ordering grantees and contractors to stop work and terminating their grants and contracts is having immediate impacts on Minnesota communities. MDH passed through approximately 45 million dollars in ELC supplemental funds to local public health agencies, and approximately 13 million dollars were unobligated or still available for future use as of the date the federal awards were terminated. Many of the local public health agencies receiving these pass-through funds, including many in rural areas of Minnesota, used and were continuing to use the funds to support vaccination education campaigns and community-based clinics. These initiatives are focused on both youth and adult COVID-19 vaccination, and also include measles, mumps, and rubella (MMR), influenza, and other vaccines. Local public health agencies focus their efforts on those most vulnerable in Minnesota's communities, and serve a variety of community settings, including schools, public housing locations, and jails. One local public health agency reported that it held 21 childhood vaccination clinics and provided approximately 1,400 vaccinations to children in 2024. It also held 87 general vaccination clinics in 2024, which provided over 800 COVID-19 vaccines and over 700 influenza vaccines. As a result of the termination of the ELC supplemental funds, it has immediately ceased its work supporting vaccination clinics and education and cancelled five free vaccine clinics scheduled for April 2025. Other local public health agencies have reported that the orders to stop work under these grants are impacting vital community recovery and mental health initiatives in their jurisdictions.

48. The ELC supplemental funds were also being used by MDH to fund a new grant program to address gaps in infection control practices, training, and resources identified during the COVID-19 pandemic as a major concern of the operators of long-term care facilities serving older adults. As a result of the termination of the ELC funds, MDH had to cancel its pending awards for this grant program, which would have supported:

- Infection prevention and control training and support from the Minnesota Hospital Foundation/Minnesota Hospital Association to more than 60 skilled nursing facilities and assisted living facilities across the state, potentially impacting over 3,000 long-term care residents;
- Infection prevention and control training and capacity building for an organization that was implementing training for 150 skilled nursing facilities and assisted living facilities statewide, potentially impacting 7,000 long-term care residents;
- Upgrade of the HVAC systems within a 100-bed long-term care facility to reduce transmission of infectious disease among the facility's residents; and
- Infection prevention training or infection prevention and control program updates for two long-term care facilities that serve up to 225 and 104 residents, respectively.

49. Forty-four of the MDH contracts funded by the terminated federal awards are contracts with community organizations to connect individuals in those communities with COVID-19 vaccination and testing resources as well as health recovery services, such as mental health support, counseling, food security support, youth programs, housing support, health education, and insurance and health care navigation. Most of the organizations provide services to those communities with poor health outcomes, difficulty accessing health care services due to geographic and other obstacles, historical distrust of government, or a combination of these factors. Many of the organizations are small and report not being able to make up for the funds lost, which means services are being halted and in many cases staff will be laid off. For example, two



organizations report that they anticipate having to lay off staff or shut down programs providing mental health resources to their communities. Another organization anticipates laying off health insurance navigators as well as staff supporting diabetes prevention work and food security work in their community. Yet another organization reports loss of staff and disruption of work providing needed services to a community at heightened risk for chronic disease and hypertension, such as chronic disease screening, healthcare coordination and transportation, medication review, and group or individual health education. More generally, these community organization contracts have averaged the following per month during the current contract period:

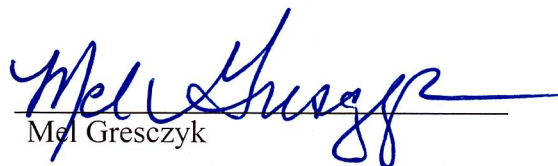
- 1,000 COVID-19 vaccines;
- 732 flu vaccines;
- 450 PCR-based COVID-19 tests;
- 24,811 people received health recovery services; and
- 5,611 COVID-19 test kits distributed.

With each day and month that passes without restoration of the terminated federal funds, these are services that will go unprovided in underserved Minnesota communities.

I declare under penalty of perjury under the laws of the United States that, to the best of my knowledge, the foregoing is true and correct.

Dated:

3/31/2025

  
Mel Gresczyk



DEPARTMENT OF HEALTH AND HUMAN SERVICES  
Centers for Disease Control and Prevention

Notice of Award

Award# 6 NU50CK000508-05-12  
FAIN# NU50CK000508  
Federal Award Date: 03/24/2025

**Recipient Information**

**1. Recipient Name**

MINNESOTA DEPARTMENT OF HEALTH  
625 ROBERT ST. N. P.O. BOX 64975  
SAINT PAUL, MN 55164-0975  
[NO DATA]

**2. Congressional District of Recipient**  
02

**3. Payment System Identifier (ID)**  
1416007162B3

**4. Employer Identification Number (EIN)**  
416007162

**5. Data Universal Numbering System (DUNS)**  
804887321

**6. Recipient's Unique Entity Identifier (UEI)**  
DHQVY2WCVHC5

**7. Project Director or Principal Investigator**

Dr. Kristin Sweet  
Health Program Manager  
kristin.sweet@state.mn.us  
6512014888

**8. Authorized Official**

Ms. Terri Peaslee  
Accounting Director  
terri.peaslee@state.mn.us  
6512013552

**Federal Agency Information**

CDC Office of Financial Resources

**9. Awarding Agency Contact Information**

Dr. Gwendolyn Demery Moore  
Grants Management Officer  
pne2@cdc.gov  
404-498-2596

**10. Program Official Contact Information**

Christine Mills  
Public Health Advisor  
jjz3@cdc.gov  
770-488-5096

**Federal Award Information**

**11. Award Number**

6 NU50CK000508-05-12

**12. Unique Federal Award Identification Number (FAIN)**

NU50CK000508

**13. Statutory Authority**

PHS 301(a), 307, 317 as amended [42 U.S.C. 241, 242I, & 247b]

**14. Federal Award Project Title**

2019 Epidemiology and Laboratory Capacity for Prevention and Control of Emerging Infectious Diseases (ELC)

**15. Assistance Listing Number**

93.323

**16. Assistance Listing Program Title**

Epidemiology and Laboratory Capacity for Infectious Diseases (ELC)

**17. Award Action Type**

Administrative Action

**18. Is the Award R&D?**

No

**Summary Federal Award Financial Information**

<b>19. Budget Period Start Date</b>	08/01/2023	<b>- End Date</b>	03/24/2025
<b>20. Total Amount of Federal Funds Obligated by this Action</b>	\$0.00		
20a. Direct Cost Amount	\$0.00		
20b. Indirect Cost Amount	\$0.00		
<b>21. Authorized Carryover</b>	\$40,802,064.00		
<b>22. Offset</b>	\$1,037,112.00		
<b>23. Total Amount of Federal Funds Obligated this budget period</b>	\$15,658,124.00		
<b>24. Total Approved Cost Sharing or Matching, where applicable</b>	\$0.00		
<b>25. Total Federal and Non-Federal Approved this Budget Period</b>	\$15,658,124.00		
<b>26. Period of Performance Start Date</b>	08/01/2019	<b>- End Date</b>	03/24/2025
<b>27. Total Amount of the Federal Award including Approved Cost Sharing or Matching this Period of Performance</b>	\$727,099,894.45		

**28. Authorized Treatment of Program Income**

ADDITIONAL COSTS

**29. Grants Management Officer - Signature**

Percy Jernigan

**30. Remarks**

Department Authority



DEPARTMENT OF HEALTH AND HUMAN SERVICES

# 2162

Notice of Award

Centers for Disease Control and Prevention

Award# 6 NU50CK000508-05-12

FAIN# NU50CK000508

Federal Award Date: 03/24/2025

**Recipient Information****Recipient Name**

MINNESOTA DEPARTMENT OF HEALTH  
625 ROBERT ST. N. P.O. BOX 64975  
SAINT PAUL, MN 55164-0975  
[NO DATA]

**Congressional District of Recipient**

02

**Payment Account Number and Type**

1416007162B3

**Employer Identification Number (EIN) Data**

416007162

**Universal Numbering System (DUNS)**

804887321

**Recipient's Unique Entity Identifier (UEI)**

DHQVY2WCVHC5

**31. Assistance Type**

Cooperative Agreement

**32. Type of Award**

Other

**33. Approved Budget**

(Excludes Direct Assistance)

I. Financial Assistance from the Federal Awarding Agency Only

II. Total project costs including grant funds and all other financial participation

a. Salaries and Wages	\$12,137,622.00
b. Fringe Benefits	\$3,703,924.00
c. Total Personnel Costs	\$15,841,546.00
d. Equipment	\$1,148,830.00
e. Supplies	\$7,143,414.00
f. Travel	\$319,654.00
g. Construction	\$0.00
h. Other	\$2,908,961.00
i. Contractual	\$25,664,414.00
j. TOTAL DIRECT COSTS	\$53,026,819.00
k. INDIRECT COSTS	\$4,470,481.00
l. TOTAL APPROVED BUDGET	\$57,497,300.00
m. Federal Share	\$57,497,300.00
n. Non-Federal Share	\$0.00

**34. Accounting Classification Codes**

FY-ACCOUNT NO.	DOCUMENT NO.	ADMINISTRATIVE CODE	OBJECT CLASS	ASSISTANCE LISTING	AMT ACTION FINANCIAL ASSISTANCE	APPROPRIATION
0-9390EWQ	19NU50CK000508C3	CK	41.51	93.323	\$0.00	75-2024-0943
0-9390F7F	19NU50CK000508C4	CK	41.51	93.323	\$0.00	75-X-0140
1-9390GKT	19NU50CK000508EDEXC5	CK	41.51	93.323	\$0.00	75-2122-0140





# DEPARTMENT OF HEALTH AND HUMAN SERVICES Notice of Award

Centers for Disease Control and Prevention

Award# 6 NU50CK000508-05-12

FAIN# NU50CK000508

Federal Award Date: 03/24/2025

## Direct Assistance

BUDGET CATEGORIES	PREVIOUS AMOUNT (A)	AMOUNT THIS ACTION (B)	TOTAL (A + B)
Personnel	\$0.00	\$0.00	\$0.00
Fringe Benefits	\$0.00	\$0.00	\$0.00
Travel	\$0.00	\$0.00	\$0.00
Equipment	\$0.00	\$0.00	\$0.00
Supplies	\$0.00	\$0.00	\$0.00
Contractual	\$0.00	\$0.00	\$0.00
Construction	\$0.00	\$0.00	\$0.00
Other	\$0.00	\$0.00	\$0.00
Total	\$0.00	\$0.00	\$0.00

## **AWARD ATTACHMENTS**

MINNESOTA DEPARTMENT OF HEALTH

6 NU50CK000508-05-12

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1. Terms and Conditions

## **TERMS AND CONDITIONS OF AWARD**

**Termination:** The purpose of this amendment is to terminate the use of any remaining COVID-19 funding associated with this award. The termination of this funding is for cause. HHS regulations permit termination if “the non-Federal entity fails to comply with the terms and conditions of the award”, or separately, “for cause.” The end of the pandemic provides cause to terminate COVID-related grants and cooperative agreements. These grants and cooperative agreements were issued for a limited purpose: to ameliorate the effects of the pandemic. Now that the pandemic is over, the grants and cooperative agreements are no longer necessary as their limited purpose has run out. Termination of use of funding under the listed document number(s) is effective as of the date set out in your Notice of Award.

Impacted document numbers are included on page 2 of this Notice of Award (NoA).

No additional activities can be conducted, and no additional costs may be incurred, as it relates to these funds. Unobligated award balances of COVID-19 funding will be de-obligated by CDC. Award activities under other funding may continue consistent with the terms and conditions of the award.

**Final Federal Financial Report (FFR, SF-425):** Within 30 days please submit final FFR’s for impacted document numbers. The FFR should only include those funds authorized and expended during the timeframe covered by the report. The final report must indicate the exact balance of unobligated funds and may not reflect any unliquidated obligations. Should the amount not match with the final expenditures reported to the Payment Management System (PMS), you will be required to update your reports to PMS accordingly.

**All other terms and conditions of this award remain in effect.**





DEPARTMENT OF HEALTH AND HUMAN SERVICES  
Centers for Disease Control and Prevention

Notice of Award

Award# 6 NH23IP922628-05-17  
FAIN# NH23IP922628  
Federal Award Date: 03/24/2025

**Recipient Information**

**1. Recipient Name**

MINNESOTA DEPARTMENT OF HEALTH  
625 Robert St N  
Saint Paul, MN 55155-2538  
[NO DATA]

**2. Congressional District of Recipient**  
04

**3. Payment System Identifier (ID)**  
1416007162B3

**4. Employer Identification Number (EIN)**  
416007162

**5. Data Universal Numbering System (DUNS)**  
804887321

**6. Recipient's Unique Entity Identifier (UEI)**  
DHQVY2WCVHC5

**7. Project Director or Principal Investigator**  
  
Margaret Roddy  
margaret.rodny@state.mn.us  
651-201-5545

**8. Authorized Official**

Ms. Christine Taylor  
Accounting Director  
christine.taylor@state.mn.us  
651-201-4598

**Federal Agency Information**

CDC Office of Financial Resources

**9. Awarding Agency Contact Information**

Percy Jernigan  
ibj7@cdc.gov  
770.488.2811

**10. Program Official Contact Information**

Nancy Wong  
Program Officer  
nbb9@cdc.gov  
786-777-8767

**Federal Award Information**

**11. Award Number**

6 NH23IP922628-05-17

**12. Unique Federal Award Identification Number (FAIN)**

NH23IP922628

**13. Statutory Authority**

Sections 317, 317(k)(2) of the Public Health Service Act (42 U.S.C. Sections 247b, 247b(k)(2) and 247c), as amended.

**14. Federal Award Project Title**

CDC-RFA-IP19-1901 Immunization and Vaccines for Children

**15. Assistance Listing Number**

93.268

**16. Assistance Listing Program Title**

Immunization Cooperative Agreements

**17. Award Action Type**

Administrative Action

**18. Is the Award R&D?**

No

**Summary Federal Award Financial Information**

<b>19. Budget Period Start Date</b>	07/01/2023	<b>- End Date</b>	03/24/2025
<b>20. Total Amount of Federal Funds Obligated by this Action</b>	\$0.00		
20a. Direct Cost Amount	\$0.00		
20b. Indirect Cost Amount	\$0.00		
<b>21. Authorized Carryover</b>	\$61,856,246.00		
<b>22. Offset</b>	\$671,976.00		
<b>23. Total Amount of Federal Funds Obligated this budget period</b>	\$18,993,231.00		
<b>24. Total Approved Cost Sharing or Matching, where applicable</b>	\$0.00		
<b>25. Total Federal and Non-Federal Approved this Budget Period</b>	\$18,993,231.00		
<b>26. Period of Performance Start Date</b>	07/01/2019	<b>- End Date</b>	03/24/2025
<b>27. Total Amount of the Federal Award including Approved Cost Sharing or Matching this Period of Performance</b>	\$164,710,309.00		

**28. Authorized Treatment of Program Income**

ADDITIONAL COSTS

**29. Grants Management Officer - Signature**

Percy Jernigan

**30. Remarks**

Department Authority



DEPARTMENT OF HEALTH AND HUMAN SERVICES

# 2167

Notice of Award

Centers for Disease Control and Prevention

Award# 6 NH23IP922628-05-17

FAIN# NH23IP922628

Federal Award Date: 03/24/2025

**Recipient Information****Recipient Name**

MINNESOTA DEPARTMENT OF HEALTH  
625 Robert St N  
Saint Paul, MN 55155-2538  
[NO DATA]

**Congressional District of Recipient**

04

**Payment Account Number and Type**

1416007162B3

**Employer Identification Number (EIN) Data**

416007162

**Universal Numbering System (DUNS)**

804887321

**Recipient's Unique Entity Identifier (UEI)**

DHQVY2WCVHC5

**31. Assistance Type**

Cooperative Agreement

**32. Type of Award**

Other

**33. Approved Budget**

(Excludes Direct Assistance)

I. Financial Assistance from the Federal Awarding Agency Only

II. Total project costs including grant funds and all other financial participation

a. Salaries and Wages	\$8,902,743.00
b. Fringe Benefits	\$2,640,640.00
c. Total Personnel Costs	\$11,543,383.00
d. Equipment	\$0.00
e. Supplies	\$77,712.00
f. Travel	\$102,139.00
g. Construction	\$0.00
h. Other	\$1,792,693.00
i. Contractual	\$64,784,182.00
j. TOTAL DIRECT COSTS	\$78,300,109.00
k. INDIRECT COSTS	\$3,221,344.00
l. TOTAL APPROVED BUDGET	\$81,521,453.00
m. Federal Share	\$81,521,453.00
n. Non-Federal Share	\$0.00

**34. Accounting Classification Codes**

FY-ACCOUNT NO.	DOCUMENT NO.	ADMINISTRATIVE CODE	OBJECT CLASS	ASSISTANCE LISTING	AMT ACTION FINANCIAL ASSISTANCE	APPROPRIATION
1-9390FG3	20NH23IP922628C3	IP	41.51	93.268	\$0.00	75-2024-0943
1-9390GKL	20NH23IP922628C5	IP	41.51	93.268	\$0.00	75-2124-0943
1-9390GUU	20NH23IP922628UDSPC5	IP	41.51	93.268	\$0.00	75-2124-0943
1-9390GWA	20NH23IP922628C6	IP	41.51	93.268	\$0.00	75-X-0943
2-9390K9M	20NH23IP922628IISC6	IP	41.51	93.268	\$0.00	75-X-0943



## DEPARTMENT OF HEALTH AND HUMAN SERVICES Notice of Award

Centers for Disease Control and Prevention

Award# 6 NH23IP922628-05-17

FAIN# NH23IP922628

Federal Award Date: 03/24/2025

## Direct Assistance

BUDGET CATEGORIES	PREVIOUS AMOUNT (A)	AMOUNT THIS ACTION (B)	TOTAL (A + B)
Personnel	\$0.00	\$0.00	\$0.00
Fringe Benefits	\$0.00	\$0.00	\$0.00
Travel	\$0.00	\$0.00	\$0.00
Equipment	\$0.00	\$0.00	\$0.00
Supplies	\$0.00	\$0.00	\$0.00
Contractual	\$0.00	\$0.00	\$0.00
Construction	\$0.00	\$0.00	\$0.00
Other	\$0.00	\$0.00	\$0.00
Total	\$0.00	\$0.00	\$0.00



## **AWARD ATTACHMENTS**

MINNESOTA DEPARTMENT OF HEALTH

6 NH23IP922628-05-17

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1. Terms & Conditions

## **TERMS AND CONDITIONS OF AWARD**

**Termination:** The purpose of this amendment is to terminate the use of any remaining COVID-19 funding associated with this award. The termination of this funding is for cause. HHS regulations permit termination if “the non-Federal entity fails to comply with the terms and conditions of the award”, or separately, “for cause.” The end of the pandemic provides cause to terminate COVID-related grants and cooperative agreements. These grants and cooperative agreements were issued for a limited purpose: to ameliorate the effects of the pandemic. Now that the pandemic is over, the grants and cooperative agreements are no longer necessary as their limited purpose has run out. Termination of use of funding under the listed document number(s) is effective as of the date set out in your Notice of Award.

Impacted document numbers are included on page 2 of this Notice of Award (NoA).

No additional activities can be conducted, and no additional costs may be incurred, as it relates to these funds. Unobligated award balances of COVID-19 funding will be de-obligated by CDC. Award activities under other funding may continue consistent with the terms and conditions of the award.

**Final Federal Financial Report (FFR, SF-425):** Within 30 days please submit final FFR’s for impacted document numbers. The FFR should only include those funds authorized and expended during the timeframe covered by the report. The final report must indicate the exact balance of unobligated funds and may not reflect any unliquidated obligations. Should the amount not match with the final expenditures reported to the Payment Management System (PMS), you will be required to update your reports to PMS accordingly.

**All other terms and conditions of this award remain in effect.**



DEPARTMENT OF HEALTH AND HUMAN SERVICES  
Centers for Disease Control and Prevention

Notice of Award

Award# 6 NH75OT000032-01-07  
FAIN# NH75OT000032  
Federal Award Date: 03/24/2025

Recipient Information	Federal Award Information																																				
<b>1. Recipient Name</b> MINNESOTA DEPARTMENT OF HEALTH 625 Robert St N Saint Paul, MN 55155-2538 [NO DATA]	<b>11. Award Number</b> 6 NH75OT000032-01-07 <b>12. Unique Federal Award Identification Number (FAIN)</b> NH75OT000032 <b>13. Statutory Authority</b> 317(K)(2) OF PHSA 42USC 247B(K)(2)																																				
<b>2. Congressional District of Recipient</b> 04 <b>3. Payment System Identifier (ID)</b> 1416007162B3 <b>4. Employer Identification Number (EIN)</b> 416007162 <b>5. Data Universal Numbering System (DUNS)</b> 804887321 <b>6. Recipient's Unique Entity Identifier (UEI)</b> DHQVY2WCVHC5 <b>7. Project Director or Principal Investigator</b> Dr. Halkeno Tura Director of Center for Health Equity halkeno.tura@state.mn.us 651-408-3562	<b>14. Federal Award Project Title</b> Addressing COVID-19 Health Disparities in Minnesota <b>15. Assistance Listing Number</b> 93.391 <b>16. Assistance Listing Program Title</b> Activities to Support State, Tribal, Local and Territorial (STLT) Health Department Response to Public Health or Healthcare Crises <b>17. Award Action Type</b> Terminate <b>18. Is the Award R&amp;D?</b> No																																				
<b>8. Authorized Official</b> Ms. Theresa L. Peaslee Accounting Director terri.peaslee@state.mn.us 651-201-3874	<table border="1"> <thead> <tr> <th colspan="3">Summary Federal Award Financial Information</th> </tr> </thead> <tbody> <tr> <td><b>19. Budget Period Start Date</b></td> <td>06/01/2021</td> <td><b>- End Date</b> 03/24/2025</td> </tr> <tr> <td><b>20. Total Amount of Federal Funds Obligated by this Action</b></td> <td colspan="2">\$0.00</td> </tr> <tr> <td>20a. Direct Cost Amount</td> <td colspan="2">\$0.00</td> </tr> <tr> <td>20b. Indirect Cost Amount</td> <td colspan="2">\$0.00</td> </tr> <tr> <td><b>21. Authorized Carryover</b></td> <td colspan="2">\$0.00</td> </tr> <tr> <td><b>22. Offset</b></td> <td colspan="2">\$0.00</td> </tr> <tr> <td><b>23. Total Amount of Federal Funds Obligated this budget period</b></td> <td colspan="2">\$25,091,524.00</td> </tr> <tr> <td><b>24. Total Approved Cost Sharing or Matching, where applicable</b></td> <td colspan="2">\$0.00</td> </tr> <tr> <td><b>25. Total Federal and Non-Federal Approved this Budget Period</b></td> <td colspan="2">\$25,091,524.00</td> </tr> <tr> <td><b>26. Period of Performance Start Date</b></td> <td>06/01/2021</td> <td><b>- End Date</b> 03/24/2025</td> </tr> <tr> <td><b>27. Total Amount of the Federal Award including Approved Cost Sharing or Matching this Period of Performance</b></td> <td colspan="2">\$25,091,524.00</td> </tr> </tbody> </table>	Summary Federal Award Financial Information			<b>19. Budget Period Start Date</b>	06/01/2021	<b>- End Date</b> 03/24/2025	<b>20. Total Amount of Federal Funds Obligated by this Action</b>	\$0.00		20a. Direct Cost Amount	\$0.00		20b. Indirect Cost Amount	\$0.00		<b>21. Authorized Carryover</b>	\$0.00		<b>22. Offset</b>	\$0.00		<b>23. Total Amount of Federal Funds Obligated this budget period</b>	\$25,091,524.00		<b>24. Total Approved Cost Sharing or Matching, where applicable</b>	\$0.00		<b>25. Total Federal and Non-Federal Approved this Budget Period</b>	\$25,091,524.00		<b>26. Period of Performance Start Date</b>	06/01/2021	<b>- End Date</b> 03/24/2025	<b>27. Total Amount of the Federal Award including Approved Cost Sharing or Matching this Period of Performance</b>	\$25,091,524.00	
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<b>Federal Agency Information</b> CDC Office of Financial Resources <b>9. Awarding Agency Contact Information</b> Mr. Derick Wheeler , II Grants Management Specialist tie2@cdc.gov 678-475-4972 <b>10. Program Official Contact Information</b> Natasha Dixon Program Officer CSTLTS swx3@cdc.gov 4044980753	<b>28. Authorized Treatment of Program Income</b> ADDITIONAL COSTS <b>29. Grants Management Officer - Signature</b> Mrs. Erica Stewart Team Lead, Grants Management Officer																																				
<b>30. Remarks</b>  Department Authority																																					





## DEPARTMENT OF HEALTH AND HUMAN SERVICES

## Notice of Award

Centers for Disease Control and Prevention

Award# 6 NH75OT000032-01-07

FAIN# NH75OT000032

Federal Award Date: 03/24/2025

**Recipient Information****Recipient Name**

MINNESOTA DEPARTMENT OF HEALTH  
625 Robert St N  
Saint Paul, MN 55155-2538  
[NO DATA]

**Congressional District of Recipient**

04

**Payment Account Number and Type**

1416007162B3

**Employer Identification Number (EIN) Data**

416007162

**Universal Numbering System (DUNS)**

804887321

**Recipient's Unique Entity Identifier (UEI)**

DHQVY2WCVHC5

**31. Assistance Type**

Project Grant

**32. Type of Award**

Other

**33. Approved Budget**

(Excludes Direct Assistance)

I. Financial Assistance from the Federal Awarding Agency Only

II. Total project costs including grant funds and all other financial participation

a. Salaries and Wages	\$5,274,288.00
b. Fringe Benefits	\$1,682,498.00
c. Total Personnel Costs	\$6,956,786.00
d. Equipment	\$0.00
e. Supplies	\$295,643.00
f. Travel	\$48,242.00
g. Construction	\$0.00
h. Other	\$10,135,000.00
i. Contractual	\$5,742,577.00
j. TOTAL DIRECT COSTS	\$23,178,248.00
k. INDIRECT COSTS	\$1,913,276.00
l. TOTAL APPROVED BUDGET	\$25,091,524.00
m. Federal Share	\$25,091,524.00
n. Non-Federal Share	\$0.00

**34. Accounting Classification Codes**

FY-ACCOUNT NO.	DOCUMENT NO.	ADMINISTRATIVE CODE	OBJECT CLASS	ASSISTANCE LISTING	AMT ACTION FINANCIAL ASSISTANCE	APPROPRIATION
1-9390H06	21NH75OT000032C5	OT	41.51	93.391	\$0.00	75-2122-0140



DEPARTMENT OF HEALTH AND HUMAN SERVICES Notice of Award

Centers for Disease Control and Prevention

Award# 6 NH75OT000032-01-07

FAIN# NH75OT000032

Federal Award Date: 03/24/2025

**Direct Assistance**

BUDGET CATEGORIES	PREVIOUS AMOUNT (A)	AMOUNT THIS ACTION (B)	TOTAL (A + B)
Personnel	\$0.00	\$0.00	\$0.00
Fringe Benefits	\$0.00	\$0.00	\$0.00
Travel	\$0.00	\$0.00	\$0.00
Equipment	\$0.00	\$0.00	\$0.00
Supplies	\$0.00	\$0.00	\$0.00
Contractual	\$0.00	\$0.00	\$0.00
Construction	\$0.00	\$0.00	\$0.00
Other	\$0.00	\$0.00	\$0.00
Total	\$0.00	\$0.00	\$0.00

## **AWARD ATTACHMENTS**

MINNESOTA DEPARTMENT OF HEALTH

6 NH75OT000032-01-07

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1. Terms and conditions



## **TERMS AND CONDITIONS OF AWARD**

**Termination:** The purpose of this amendment is to terminate this award which is funded by COVID-19 supplemental appropriations. The termination of this award is for cause. HHS regulations permit termination if “the non-Federal entity fails to comply with the terms and conditions of the award”, or separately, “for cause.” The end of the pandemic provides cause to terminate COVID-related grants and cooperative agreements. These grants and cooperative agreements were issued for a limited purpose: to ameliorate the effects of the pandemic. Now that the pandemic is over, the grants and cooperative agreements are no longer necessary as their limited purpose has run out. Termination of this award is effective as of the date set out in your Notice of Award.

No additional activities can be conducted, and no additional costs may be incurred. Unobligated award balances will be de-obligated by CDC.

**Closeout:** In order to facilitate an orderly closeout, we are requesting that you submit all closeout reports identified below within thirty (30) days of the date of this NoA. Submit the documentation as a “Grant Closeout” amendment in GrantSolutions. The reporting timeframe is the full period of performance. Please note, if you fail to submit timely and accurate reports, CDC may also pursue other enforcement actions per 45 CFR Part 75.371.

**Final Performance/Progress Report:** This report should include the information specified in the Notice of Funding Opportunity (NOFO). At a minimum, the report will include the following:

- Statement of progress made toward the achievement of originally stated aims.
- Description of results (positive or negative) considered significant.
- List of publications resulting from the project, with plans, if any, for further publication.

**Final Federal Financial Report (FFR, SF-425):** The FFR should only include those funds authorized and expended during the timeframe covered by the report. The final report must indicate the exact balance of unobligated funds and may not reflect any unliquidated obligations. Should the amount not match with the final expenditures reported to the Payment Management System (PMS), you will be required to update your reports to PMS accordingly.

**Equipment and Supplies - Tangible Personal Property Report (SF-428):** A completed SF-428 detailing all major equipment acquired with a unit acquisition cost of \$10,000 or more. If no equipment was acquired under the award, a negative report is required